

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Shih, Rae		
LOBBYIST FIRM/EMPLOYER (if applicable) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808 380 5422
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 3410		FAX 808 522 5909
		EMAIL rshih@acluhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808 522 5900
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 3410		FAX 808 522 5909
		EMAIL office@acluhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96801
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <div style="text-align: right;"><input checked="" type="checkbox"/> Not Applicable</div>		

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Civil Rights and Civil Liberties		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

 *

LOBBYIST SIGNATURE

1/9/19

DATE

Subscribed and sworn to before me

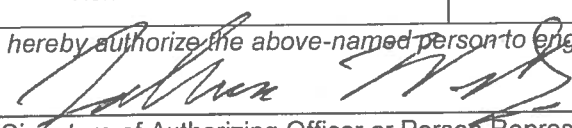
This ____ day of _____, _____.

By: * See attached notary page.

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: _____

PART V AUTHORIZATION TO LOBBY

NAME Joshua Wisch		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808 522 5903	
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 3410		FAX 808 522 5909	
		EMAIL jwisch@acluhawaii.org	
(City) Honolulu	(State) Hawaii	(Zip Code) 96801	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
		1/9/19	
(Signature of Authorizing Officer or Person Represented)		(Date)	

) SS.

)

PATRICK Y. TAOMAE

My Commission Expires: 6/30/2019